

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5862**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	e. STREET ADDRESS (If rural, give location) <b>5326 Neosho St.</b>

3. NAME OF DECEASED (Type or Print) a. (First) <b>MELISSA</b> b. (Middle) <b>EDNA</b> c. (Last) <b>RUBIN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 27 1954</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Nov. 24, 1884</b>
9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <b>Fred Mueller</b>	
13b. MOTHER'S MAIDEN NAME <b>Cordelia Sommers</b>		14. NAME OF HUSBAND OR WIFE <b>Late Adolph Rubin</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Adolph J. Rubin</b>	ADDRESS <b>6756 Westway Rd.</b>
---	--	--	---	------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ch. Cor. - Vascul. heart disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma - large bowel</b> DUE TO (c) <b>Ret. ovary</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 - 2 weeks</b>
19a. DATE OF OPERATION <b>6/26/54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma no metastasis to bone</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NO</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>NO</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>153X</b>

22. I hereby certify that I attended the deceased from **6/26/54**, to **6-27-54**, that I last saw the deceased alive on **6-27-54**, and that death occurred at **1:15P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>D. C. Kriegshauser</b>		(Degree or title)	23b. ADDRESS <b>45735 Kingshighway</b>	23c. DATE SIGNED <b>6/28/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Jun. 30, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>	

DATE REC'D BY LOCAL REG. <b>JUN 29 1954</b>	REGISTRAR'S SIGNATURE <b>J. C. Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>	ADDRESS <b>4228 S. Kingshighway Bl.</b>
--	--	---	--

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Richard W. Storvick*.....

Licensed Embalmer No. *402*.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**